

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029332

1. Entity Name

\*ORGANIX - SOUTH, INC.

Principal Place of Business

5401 23RD AVENUE SOUTH  
ST. PETERSBURG FL 33707

Mailing Address

5401 23RD AVENUE SOUTH  
ST. PETERSBURG FL 33707

2. Principal Place of Business

1508 51st St S

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# B

City & State

Gulfport FL

City & State

Zip

Country

Zip

Country

33747

Country

6. Name and Address of Current Registered Agent

MARCUM, PATSY  
2420 ARAPAHO STREET  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Autumn Blum

Street Address (P.O. Box Number is Not Acceptable)

5401 23rd Avenue South

City

Gulfport

FL

Zip Code

33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Autumn P. Blum*

4/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PC  
NAME BLUM, AUTUMN P  
STREET ADDRESS 5401 23RD AVE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Autumn P. Blum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90030 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)